MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028666 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3939

FILED AUG 6 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	7805	2	
3			
4	0		
5	1		
6			
7	1		
8	1		
9	583X		
10			
11			
12	12-22		
13	-		

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY: JACKSON
   b. CITY OR TOWN: KANSAS CITY — Length of stay in 1b: 1 1/2 days
   c. FULL NAME OF HOSPITAL OR INSTITUTION: NORTHEAST OSTEPATHIC — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: MISSOURI b. COUNTY: JACKSON
   c. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes XX No ☐
   d. STREET ADDRESS (If outside, give location): 816 SO. LOGAN — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First GEORGE Middle C. Last SNODGRASS

4. DATE OF DEATH: Month JULY Day 11, Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-21-1895

9. AGE (last birthday): 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONSTRUCTION

10b. KIND OF BUSINESS OR INDUSTRY: MISSOURI GAS CO.

11. BIRTHPLACE (City and state or country): QUENEMO, KANSAS

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: SIDNEY F. SNODGRASS

13b. MOTHER'S MAIDEN NAME: MARTHA MAY HAILEY

14. NAME OF HUSBAND OR WIFE: CLARA SNODGRASS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Clara Snodgrass, 816 So. Logan, Indep., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Exsanguination

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Massive Hemorrhage of Gastero-intestinal tract and liver

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gangrene & Abcess of liver rupting into stomach

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES XX NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-1-63 to 7-11-63 and last saw her/him alive on 7-11-63

Death occurred at 2:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Maynard L. Whetstone MEDICAL CERTIFICATION

22a. SIGNATURE (Degree or title): Maynard L Whetstone DO

22b. ADDRESS: Independence Mo

22c. DATE SIGNED: 7/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 7-15-63

23c. NAME OF CEMETERY OR CREMATORY: OAK RIDGE MEMORY GARDENS

23d. LOCATION (City, town, or county) (State): INDEPENDENCE, MO.

24. FUNERAL DIRECTOR ADDRESS: GEO.C.CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.: 7-12-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address Kirksville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.